U.S. Department of Labor Office of abor-Management Standards Washington, DC 20210

For Official Use Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or tivil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.			
E /S OF			
1. File Number U -	2, Fiscal Year Covered From:		
12301	1 / [34] Through: [2 / 31 / 64		
3. Name and address of person filing.	4. Name, file number, and acdress of labor organization.		
Name Robert A Mitcheal.	Name Betom Luia BIrkiny Tibblica.		
	Labor Organization File Number ©22-303		
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 1870 East 1971 St	Street 1870 East 19Th ST		
city [Cleveland	City CLEVELCINE		
State Ohio ZIP Code + 4 44114	State Chic ZIP Code + 4 44114		
5. Position in labor organization. Business oceat o	ng obeahise k		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:	94c/		
P.O. Box, Bldg., Room No., if any			
Street	7.b. Amount.		
City			
State ZIP Code + 4			
Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
Signed Relt A Thetheal	on 8-11-05 216-771-5386		
	Date Telephone Number		

Name of Person Filling Robert A Mitcheal	File Number U-			
MODER I A MINEREE C				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Dakers Local 19 Cer? Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 18 70 East 19 St City Cleveland State Ohio ZIP Code + 4 Guillian	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name Bakers Local 19 CER FUND	Tast Hazding Fund That			
Trade Name, if any:	I am a PezticiPout in AND			
P.O. Box, Bidg., Room No., if any	Trustee c7.			
Street 1870 East 19Th St	11.b. Approximate dollar value of such dealing.			
City Cleveland	12.a. Nature of interest held or income received.			
State Ch.O ZIP Code + 4 Life 11 11 Life	Dinner to a Staff at Trust Exent out of town			
	12.b. Amount. 39, 46			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name *				
Trade Name, if any:	Note			
P.O. Box, Bldg., Room No., if any	Notice			
Street				
City				
State , ZIP Code + 4	Annual contraction of the second seco			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

Name of Person Filling Kobert H Mitchea	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Cokers Local 19 Cers Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any 187c Street Fost 195t City Cleveland State Ohir Supported Street Stree	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name Bakens Local 19 CER FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any	Tast Hartly Fund That I am a Participant in AND Trustee OF.			
Street 1870 East 19th St	11.b. Approximate dollar value of such dealing.			
City Cleveland	12.a. Nature of interest held or income received.			
State Ohio ZIP Code + 4 Ltt 11 7	Post Holiday Lupcheon Meetino			
	12.b. Amount. 95,54			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	None			
Street				
City				
State ZIP Code ÷ 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

Name of Person Filing Robert A Mitchea	Ĺ	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
Name and address of Business (including trade name, if any).	9. Business deals with:			
Name Key Konk	a. Labor Organiza	ation		
Trade Name, if any:	b. Trust			
P.O. Box, Bidg., Room No., if any	c. Employer			
Street 3601 Chester ONE				
City Cleveland State Dr. 10 ZIP Code + 4		}		
The second section of the second seco	11.a. Nature of such dea	ting.		
10. If 9.b. or 9.c. is checked give trust or employer's name.				
Name Elevelane Rokers Transfers	S	abyly Event		
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street 1870 Fost 19Th 5t	11.b. Approximate dollar va	olue of such dealing. [132, 648.5]		
City Cleveland	12.a. Nature of interest h	eld or income received.		
State Ohio ZIP Code + 4 441 1846	offere	ance of spoting		
		For Discissin about		
	Eschal.	- in Trust accounts		
	12.b. Amount.	58.00		
	10-1			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name	7.7			
Trade Name, if any:		1)0		
P.O. Box, Bldg., Room No., if any	No) [· · · · · · · · · · · · · · · · · ·		
Street				
City				
State ZIP Code + 4	By and the state of the state o	And the second s		
13 h. Is the Business an Employer or Consultant ?	14.b. Amount of paymer			

5) 1 1	Cita Number II		
Name of Person Filling Kobert A Mitched	File Number U-		
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8. Name and address of Business (including trade name, if any). Name Rakers Local 101 Cer Fuhd Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1870 East 1974 St City Cleveland State Otio ZIP Code +4 44111	9. Business deals with: a. Labor Organizatio⊓ b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Bakers Local in CER Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1870 East 1977 St City Clevelound State Othio ZIP Code + 4 UHIN	11.a. Nature of such dealing. Toth Handle Tund That Iom a Farticipant in And Trustice of 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Dinner tor staff at Trust Event out of Town 12.b. Amount.		
	12.b, Amount. 33, 41		
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	er parts A and B above)		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment. Nove		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		